

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant(s): David J. Pinsky, et al.Serial No. : 10/679,135 Examiner: John PakFiled : October 3, 2003 Group Art Unit: 1616For : A Method for Treating Ischemic Disorder Using Carbon Monoxide

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 26, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	14 -	* 43 =	*** 0 X	\$25	\$50	=		0
Independent Claims	1 -	** 10 =	*** 0 X	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$180	\$360	=		0
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

X One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

X An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes X No _____
and a fee of \$ 180.00 included)

X A Petition for an Extension of Time, including a fee of
\$ 1,020.00 for a Petition for 3 Month(s) Extension of Time

X Other (identify): Copy of Filing Receipt
Substitute Form PTO-1449

THE TOTAL FEE DUE IS \$ 1,200.00.

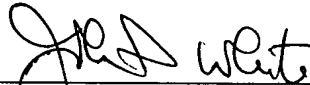
X A check in the amount of \$ 1,200.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

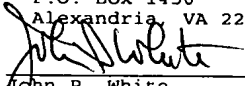
X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

X Fees under 37 C.F.R. §1.16 for the presentation of extra claims
_____ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White
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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	
 John P. White Reg. No. 28,678	<u>9/26/07</u> Date